



1 Fu RCE

GJE-7522

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bruce Guy Irvine Dance and Ewen James Crawford Kellar

Serial No. : 10/528,966

Art Unit : 3742

Filed : March 18, 2005

Examiner: Samuel M. Heinrich

For : WORKPIECE STRUCTURE MODIFICATION

REQUEST FOR CONTINUED EXAMINATION (RCE)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on Dec 29, 2008

(Date of Deposit)

Sir:

Name of applicant, assignee or registered rep.

Signature

Date

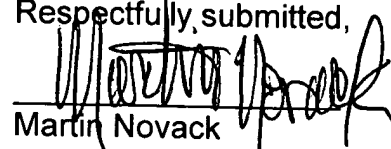
This is a Request for Continued Examination (RCE), under 37 CFR 1.114, in the above-identified Application.

Attached is an Amendment Accompanying RCE, which includes amendments of the claims and is responsive to the outstanding final rejection.

A check in the amount of \$810 is attached to cover the RCE fee under 37 CFR 1.17(e). A check for \$130 is also attached to cover the fee for a one month extension of time. If any further fees are due in conjunction with this RCE, they can be charged to Counsel's Deposit Account No. 14-1435.

Delray Beach, Florida
Tel. (561) 498-4706
Fax. (561) 498-4027
December 29, 2008

Respectfully submitted,


Martin Novack
Attorney for Applicant(s)
(Reg. No. 25,164)
(Customer No. 58899)

(K-30)



AMENDMENT TRANSMITTAL LETTER

Page 1 of 2
Case Docket No. GJE-7522

In re application of : Bruce Guy Irvine Dance and Ewen James Crawford Kellar

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(Date of Deposit)

Sir:

Martin Novack
Name of applicant, assignee, or registered rep.

Martin Novack
Signature

Dec. 29, 2008
Date

Transmitted herewith is an Amendment Accompanying RCE in the above-identified application.

[] Small entity status of this application has been claimed.

[X] No additional fee is required.

The fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST No. PREV. PAID FOR	PRESENT EXTRA	RATE	ADDL. FEE
Total Claims *41 - ** 43 =	0	X	\$__ =	\$ 0
Indep. Claims * 0 - *** 3 =	0	X	\$__ =	\$ 0
TOTAL				\$ 0

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

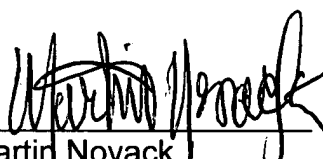
☐ Please charge my Deposit Account No. _____ in the amount of \$ ____, and also for any further fees that may be due in conjunction with this submission. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ ____ is attached. The Commissioner is hereby authorized to charge payment of any further fees required in conjunction with this submission or credit any overpayment to Deposit Account No. 14-1435.

Delray Beach, FL
Phone (561) 498-4706
Fax (561) 498-4027

December 29, 2008

(K-41)


Martin Novack
Attorney of Record
Registration No. 25,164